Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938- .

State/Territory: NEW MEXICO

Citation 3.1 Amount, Duration, and Scope of Services (Continued)

Sec. 245A(h) of the Immigration and Nationality Act

## (a)(6) Limited Coverage for Certain Aliens

- (i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--
  - (A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;
  - (B) Are children under 18 years of age; or
  - (C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.
- (ii) Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

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Supersedes Approval Date JAN 15 1992 TN No. 88-04	Effective Date
TN No. 88-04	
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Page 2/ Item 3,1 (a) (4)	
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Citation

3.1(a)(6)

State/Territory:

Amount, Duration, and Scope of Services: Limited Coverage for Certain Aliens (continued)

1902(a) and 1903(v) of the Act

(iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

1905(a)(9) of the Act (a)(7) Homeless Individuals.

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are

PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN

1902(a)(47) and 1920 of the Act (a)(8) Amburatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.

42 CFR 441.55 50 FR 43654 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act (a)(9) EPSDT Services.

The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

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HCFA 179

Revision: HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-		
State/Territory:	NEW MEXICO			
<u>Citation</u> 3.1(a)(9)	Amount, Duration, Services (continue	and Scope of Services: EPSDT d)		
42 CFR 441.60 <u>/</u> /	The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.			
42 CFR 440.240 (a)(10) and 440.250	Comparability of S	<u>ervices</u>		
1902(a) and 1902 (a)(10), 1902(a)(52), 1903(v), 1915(g), and 1925(b)(4) of the Act	Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915 02(a) and 1902 and 1925 of the Act, 42 CFR 440.250, and )(10), 1902(a)(52), section 245A of the Immigration and 03(v), 1915(g), and Nationality Act, permit exceptions:			
	categorically n	vailable to the eedy are equal in amount, cope for each categorically		
(ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.				
(i	are equal in am	vailable to the medically needy tount, duration, and scope for a medically needy coverage		
∠7 (	services and se complicate the	rage for pregnancy-related rvices for conditions that may pregnancy are equal for and medically needy.		
TN No. 9/19	IANI 1 5 1002			
Supersedes Approval D	ate <u>JAN 15 1992</u>	Effective Date		
page 21a vien 3,1 (a)(5)(i)+(ii)				
22	3,1 (a	)(5) (iii), last IP		
	STATE DATE REC DATE APP DATE EFF HC(A) 179	OCT 61 1991 A		

Revision: HCFA - Region VI November 1990

State		EW MEXICO	
Citation 42 CFR Part 440, Subpart B	3.1(b)		es are provided in e requirements of 42 CFR
<b>42 CFR 441.15</b> <b>AT-78-90</b> <b>AT-80-34</b> Section 1905(a)(4)(A)			ervices are provided to ally needy individuals ge or over.
of Act (Sec. 4211(f) of P.L. 100-203).		• •	ervices are provided to ally needy individuals s of age.
		<u>∕</u> ¥ Yes	
		does not nursing	icable. The State plan provide for facility services for ividuals.
		(3) Home health s the medically	ervices are provided to needy:
	-		all
		over; no provided  // Yes. to	individuals age 21 or ursing facility services are . individuals under age sing facility services are provided
		provided  Not appl	licable; the medically see not included under
		DATE RECID DATE APPLIED DATE OF A 174	APR 25 1991 A

Approval Date APR 25 1991 Effective Date OCT - 1 1990

Revision: HCFA-PM-93-

(BPD)

NEW MEXICO State/Territory: 3.1 Amount, Duration, and Scope of Services (continued) Citation

42 CFR 431.53

(c)(1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10

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(c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

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TN No. Supersed TN No.

Approval Date

Effective Date

ision: HCFA-AT-80-38 (BPP)

May 22, 1980

State \_\_\_\_\_NEW MEXICO

Citation 42 CFR 440.260 AT-78-90 3.1(d) Methods and Standards to Assure
Quality of Services

The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

J # 78-2 Supersedes TN #

Approval Date 3-20-80 Effective Date 1-1-78

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State NEW MEXICO

Citation 42 CFR 441.20 AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

TN # 78-2 Supersedes # MT

Approval Date 3-20-78 Effective Date 1-1-78

Revision: HCFA-PM-87-5

**APRIL 1987** 

(BERC)

OMB No.: 0938-0193

State/Territory:

New Mexico

Citation 42 CFR 441.30 AT-78-90

## 3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

/ / Yes.

/ / No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

/ X/ Not applicable. The conditions in the first sentence do not apply.

1903(i)(1) of the Act, P.L. 99-272 (Section 9507)

## (2) Organ Transplant Procedures

Organ transplant procedures are provided.

/ / No.

/ √ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent . with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

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TN No. 87-19 Supersedes TN No. 78-2

Approval Date \_//-18-87

Effective Date 2-1-87

HCFA ID: 1008P/0011P

OMB No.: 0938-0193 Revision: HCFA-PM-87-4 (BERC) **MARCH 1987** New Mexico State/Territory: 3.1 (g) Participation by Indian Health Service Facilities Citation 42 CFR 431.110(b) Indian Health Service facilities are accepted as AT-78-90 providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers. 1902(e)(9) of (h) Respiratory Care Services for Ventilator-Dependent Individuals the Act, P.L. 99-509 (Section 9408) Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who --(1) Are medically dependent on a ventilator for life support at least six hours per day; (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--// 30 consecutive days; \_\_\_ days (the maximum number of inpatient days allowed under the State plan); (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made; (4) Have adequate social support services to be cared for at home; and (5) Wish to be cared for at home. // Yes. The requirements of section 1902(e)(9) of the Act are met. / x/ Not applicable. These services are not included in the plan. AUG 2 1 1987 DATE REC'D\_ TN No. Approval DatoFC 28 1997 Supersede **Effective Date** 

TN No.

HCFA ID: 1008P/0011P